



U. S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR INDIVIDUALS TO CONDUCT LEAD-BASED PAINT ACTIVITIES

Important: Consult the *Instructions for Individuals Applying for Certification to Conduct Lead-Based Paint Activities* and the official requirements reprinted there to complete this form. Firms should use the *Application for Firms* instead of this application. **Please type or print responses in black or blue ink only.**

A. General Information

Official Use Only

Select one of the following.

- ' Initial (first-time) certification
- ' Re-certification application
- ' Adding additional jurisdiction(s) to certification/amending certification
- ' Replacement of a lost badge

**For information on EPA
and other lead programs,
see the web site:**

<http://www.epa.gov/lead>

**Check here to be listed on
EPA's web site**

Indicate the discipline(s) for which you are seeking certification, and the jurisdiction(s) in which you intend to perform lead-based paint activities. An EPA-run jurisdiction includes an EPA-run state, U.S. territory, or all Indian tribal land(s) in any one Region. You will be eligible for certification to work only in those jurisdictions you specify below. Attach additional sheets of paper, as necessary.

The fee you must pay is affected by the number of disciplines and jurisdiction(s) in which you plan to conduct lead-based paint activities. See the fees in the instruction booklet, to determine your fee. The total fee on this table should include fees calculated on additional sheets.

	Inspector		Supervisor		Risk Assessor		Project Designer		Abatement Worker		Fee
	I	R	I	R	I	R	I	R	I	R	
1 st jurisdiction: (See the definition for jurisdictions and the fee examples in the instruction booklet.)											\$ _____
Each additional jurisdiction (list & attach additional sheets as necessary): (\$35 per discipline, per jurisdiction)											\$ _____
											\$ _____
Third-party exam fee (\$70 each) (Not applicable for project designers, abatement workers, or applicants applying under Section C.)											\$ _____
Total Fee:											\$ _____

B. Applicant Information

' Mr. ' Mrs. ' Ms. Name: _____
Last First Middle

Previous and/or Maiden Name(s), if applicable: _____

Business Phone #: (____) ____-____ ext. ____ Home Phone #: (____) ____-____

*In the event that we can not reach you, please list another contact name and number: _____

Home Address: _____
Street Address, Apt. Number City State Zip Code

Company Affiliation: _____
Name Street Address, Suite Number City State Zip Code

Applicant's E-mail Address: _____

To which address should correspondence be sent? ' Home ' Company ' Other (please attach)

Social Security #: ____-____-____

Date of Birth: ____/____/____
Month/Day/Year

Country of Legal Residence: _____

Green Card #: _____
(if applicable)

Height: ____ feet ____ inches

Weight: ____ pounds

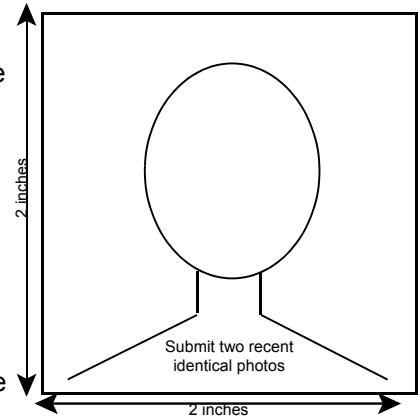
Gender: ' Male ' Female

Eye Color: _____

Hair Color: _____

Race/Ethnicity: _____
(optional)

Submit two identical passport-sized photographs of you alone, recent enough to be a good likeness (normally taken within the last 6 months). As shown in the example to the right, photographs should be 2 x 2 inches in size with an image of your head and shoulders taking up the majority of the area. Photographs must be clear, front view, full face, taken in normal street clothing without a hat or dark glasses in front of a white or off-white background. Retouched photographs and digital prints are unacceptable.



C. Reciprocity

If applicants do not have a corresponding valid lead-based paint certification from a State or Tribal program that has been authorized by EPA in a discipline in which they are seeking certification, applicants should skip Section C and must complete Sections D and E for those disciplines. Otherwise, if applicants do have a corresponding valid lead-based paint certification from a State or Tribal program that has been authorized by EPA in a discipline in which they are seeking certification, complete section C as required and skip sections D and E. **(Attach a copy of your valid state certificate and license, if applicable.)**

Abatement Worker _____	State/Tribe _____	Expiration Date _____
Supervisor _____	State/Tribe _____	Expiration Date _____
Project Designer _____	State/Tribe _____	Expiration Date _____
Inspector _____	State/Tribe _____	Expiration Date _____
Risk Assessor _____	State/Tribe _____	Expiration Date _____

D. Training (All Disciplines)

Answer the following items about the lead-based paint training course you received for each discipline for which you are seeking certification or re-certification. Attach additional sheets of paper, as necessary. See the instructions for suggestions on how to document your training.

Discipline: _____

Name of Training Program: _____
Name of company that taught course

Training Center Address: _____
Street Address, Suite Number City State Zip Code

Training Center Phone: (____) ____ - ____ ext. ____ Date Training Completed: _____
Month/Day/Year

If training was conducted in a language other than English, please specify language: _____

Training Certificate Identification Number: _____

Please check the type of test you took: ' Course test(s) and ' Hands-on assessment; **or** ' Proficiency test

E. Experience and Education (Supervisor, Project Designer, Risk Assessor)

If applying for Inspector or Worker, go to Section F.

For each discipline, check which combination you are using:

Supervisor:

' 1 yr experience as certified LBP abatement worker **or** ' 2 yr experience in related field or building trades

Project Designer:

- ☐ BS/BA in engineering, architecture, or related profession, AND
☐ 1 yr experience in building construction and design or related field
- or**
- ☐ 4 yr experience in building construction and design or related field

Risk Assessor: (A, B, C, or D must be checked.)

- A** ☐ BS/BA AND
☐ 1 yr experience in related field*
- or**
- B** ☐ AA AND
☐ 2 yr experience in related field
- or**
- C** ☐ Certification as industrial hygienist, professional engineer, registered architect, AND/OR
☐ Certification in related engineering/health/environment field (e.g., safety prof., env. scientist)
- or**
- D** ☐ HS/GED AND
☐ 3 yr experience in related field

* Refer to page 7 in the instruction booklet for related fields/experience.

For experience combinations checked above, answer each of the following (Please use additional sheets if necessary):

Discipline: _____ Title/Occupation: _____ Company Name: _____

Dates employed: _____ Documentation attached: ☐ Resume ☐ Reference Letter ☐ Summary of work

For education checked above, answer the following for each:

School: _____ Major/Course of study: _____ Degree: _____ Year: _____

Documentation attached: ☐ Diploma ☐ Transcript

For certifications checked above, please attach documentation of certification.

Do you hold a current state certification in the lead-based paint activity field issued by a state, U.S. territory, or Indian tribal land (s)?

☐ Yes ☐ No State: _____

F. Lead-Based Paint Activity Violations

Do you have any past, present, or pending lead-based paint activity violations of EPA, state, U.S. territory, or Indian tribal land(s) regulations? ☐ Yes ☐ No

If yes, please attach a written explanation.

G. Additional Information

Use the following space for any additional information or comments that you want EPA to consider with your application. Attach additional sheets of paper if necessary.

H. Signature

Privacy Act Statement: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicants eligibility for certification to conduct lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's certification. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

Please sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to 40 CFR § 745.226, follow work practice standards according to 40 CFR § 745.227, and conduct lead-based paint activities only in those disciplines and geographical areas in which I have received certification.

Applicant's Signature
(Please sign legibly in the box above.)

Date Signed

Applicant's Title (if applicable)

Before you mail your application and certification fees, check to make sure that you have two (2) envelopes - one (1) for your application and one (1) for your fees and have:

- ' Filled out all sections of the application that apply to you
- ' Signed and dated the application
- ' Enclosed a copy of your course completion certificate(s)
- ' Enclosed documentation of your education, experience, and professional certification(s), if necessary
- ' Enclosed any other documentation needed -- See the instructions for more information
- ' Enclosed two identical passport-sized photos of yourself
- ' Enclosed a photocopy of the appropriate certification fee(s) (check or money order) and fee payment stub in the envelope with your application
- ' Made a copy of your application for your files

In the first envelope, mail original completed application, supporting materials, and a photocopy of the appropriate certification fees to:

U.S. Environmental Protection Agency
OPPTS (MC 74040)
LBP Activities Accred/Cert. Request
1200 Pennsylvania Avenue, NW
Washington, DC 20460

- ' Completed and enclosed the fee payment stub in the envelope for your fees
- ' Your fee payment must include "Lead Program User Fees" on the payment stub
- ' See the fees in the instruction booklet for more information
- ' Submit \$70 exam fee if applying for Supervisor, Risk Assessor, or Inspector

In the second envelope, mail certification fees and fee payment stub to:

U.S. Environmental Protection Agency
Washington Financial Management Center
Lead Program User Fees
P.O. Box 360277M
Pittsburgh, PA 15251